

FEC FORM 2

STATEMENT OF CANDIDACY

DEMOCRATIC PARTY OF THE STATE

17 SEP - 1 PM 2:52

1. (a) Name of Candidate (in full) McCaskill, Claire, , ,			2. Candidate's FEC Identification Number S6MO00305		
(b) Address (number and street) PO Box 300077			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code St. Louis MO 63130			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate		6. State & District of Candidate MO	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) McCaskill for Missouri		
(b) Address (number and street) PO Box 300077		
(c) City, State, and ZIP Code St Louis MO 63130		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

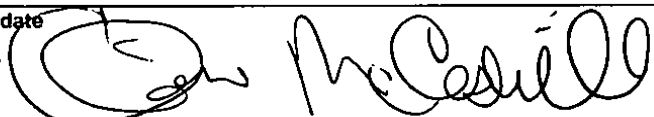
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) McCaskill Senate Fund		
(b) Address (number and street) PO Box 300077		
(c) City, State, and ZIP Code St Louis MO 63130		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate McCaskill, Claire... 	Date 08/15/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

McCaskill Victory Fund

(b) Address (number and street)

300 St James St
Ste 104

(c) City, State, and ZIP Code

Columbia

MO

65201

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Texans For A Progressive Senate

(b) Address (number and street)

918 Pennsylvania Ave SE

(c) City, State, and ZIP Code

Washington

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

McCaskill Senate Victory 2018

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington

DC

20002

- I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Justice 2018

(b) Address (number and street)

918 Pennsylvania Ave SE

(c) City, State, and ZIP Code

Washington

DC

20003

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Missouri Virginia Fund

(b) Address (number and street)

611 PENNSYLVANIA AVE SE
#143

(c) City, State, and ZIP Code

Washington

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Save Our Senate 2

(b) Address (number and street)

1751 Potomac Greens Dr

(c) City, State, and ZIP Code

Alexandria

VA

22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Gillibrand McCaskill Senate 2018

(b) Address (number and street)

124 Washington St

Ste 101

(c) City, State, and ZIP Code

Foxboro

MA

02035

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Senate Impact: MO & IN

(b) Address (number and street)

918 PENNSYLVANIA AVE SE

(c) City, State, and ZIP Code

Washington

DC

20003

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Michigan Missouri Victory Fund

(b) Address (number and street)

611 PENNSYLVANIA AVE SE
STE 143

(c) City, State, and ZIP Code

Washington

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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Faxed
or
Hand Delivered

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

9/11/17
Date of Receipt

USPS FIRST CLASS MAIL

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

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UPS

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DHL

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AIRBORNE EXPRESS

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RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

☐

NO POSTMARK

☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

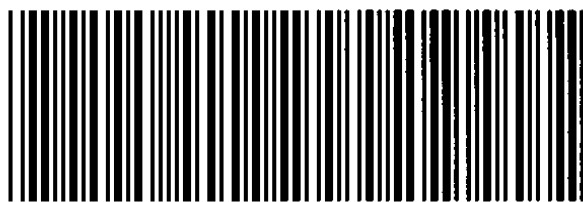
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DATE PREPARED

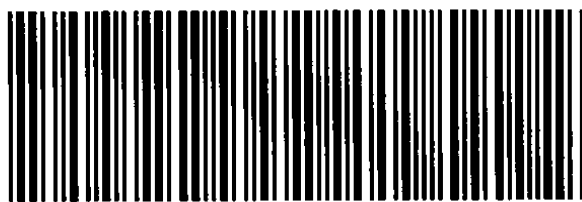
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